## **BEST AVAILABLE COPY**

DATENT	ADDI ICATION	LEEF DETERMI	NATION RECORD
PAIRI	AFFLICATION	I FEE DE LENWIN	MALIUM DECUDE

Effective October 1, 2000

**Application or Docket Number** 

826.1716

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		i)				ſ	RATE	FEE	]   	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			.// minus 20=		*			X\$ 9=	4, 3	OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =		· 2		ı	X40=		OR	X80=	160
MULTIPLE DEPENDENT CLAIM PRESENT						ı	+135=	•	OR	+270=	700	
* If the difference in column 1 is less than zero, enter "0" in column 2						I	TOTAL		OR	TOTAL	870	
CLAIMS AS AMENDED - PART II										•	OTHER	
		(Column 1)	· · ·	(Colu		(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CLAIM	=		X40=		OR	X80=	
	FINST PRESE	INTATION OF IM	OLTIFLE DEF	CINDEIN	CLANVI			+135=	. *	OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_	יייייייייייייייייייייייייייייייייייייי		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	· · · · · · · · · · · · · · · · · · ·	-	11	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	· · · · · · · · · · · · · · · · · · ·	OR	+270=	
							ı	TOTAL			TOTAL	
				(0.1	۵۱	(O - I 0)	,	ADDIT. FEE		JON	ADDIT. FEE	
_		(Column 1) CLAIMS	1		mn 2) HEST	(Column 3)	٦,	····		1	<del> </del>	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N N	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=	<i>i</i>
ME	Independent	<u> -</u>	Minus	***	<del> </del>	-	┨╏	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	IULTIPLE DEI	PENDEN	I CLAIM		J	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												-
:	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											